

MEDICARE PAYMENT ADVISORY COMMISSION

PUBLIC MEETING

Ronald Reagan Building
International Trade Center
Horizon Ballroom
1300 13th Street, N.W.
Washington, D.C.

Thursday, April 25, 2002
10:07 a.m.

COMMISSIONERS PRESENT:

GLENN M. HACKBARTH, Chair
ROBERT D. REISCHAUER, Ph.D., Vice Chair
BEATRICE S. BRAUN, M.D.
AUTRY O.V. "PETE" DeBUSK
ALLEN FEEZOR
FLOYD D. LOOP, M.D.
RALPH W. MULLER
ALAN R. NELSON, M.D.
JOSEPH P. NEWHOUSE, Ph.D.
JANET G. NEWPORT
CAROL RAPHAEL
ALICE ROSENBLATT
DAVID A. SMITH
RAY A. STOWERS, D.O.
MARY K. WAKEFIELD, Ph.D.

AGENDA ITEM: Public comment

MR. HACKBARTH: Public comments. We are running behind schedule so I will, if necessary, intervene to make sure that your comments are brief and to the point. Thank you.

MS. HARRIS: Thank you very much. I am Louise Harris, associated with the Sanctuary Hospice House. I am an oncology nurse who has been on the front lines in rural areas of America. And I can tell you, in talking of inpatient access, there is practically none in the rural areas of America.

We, for instance, Tupelo, Mississippi, have to send a patient -- if we can get one admitted, there is one inpatient hospice facility in the state of Mississippi, and it is three-and-a-half hours away.

In addressing that cause, I and a group of other people, interested community leaders and medical practitioners sought to develop an inpatient hospice house, raising the funds ourselves, providing the service for an inpatient facility for those individuals who right now are not being serviced, because they either have no able caregiver or they have an unable caregiver.

We started raising the funds. We said we can do this in our community. And we are well on our way to achieving that goal.

But in looking at the reimbursement issues for rural America, we are blocked by the 80/20 rule. And so we have introduced legislation in both the Senate and the House, H.R. 3270 and Senate Bill 1840, which simply very narrowly defines for rural areas that where a group of non-profit, independent, free-standing, paid for individuals who want to provide a complementary service to the hospice agencies existing in our area, there are 10 in a 17 county area. They have such a small census in those 17 counties that none of them are able to provide an inpatient facility.

We just want to complement, not compete, with their services and have them refer their patients to us. And when we sought to get a provider number, we saw that we could not do that because of the 80/20 rule.

So our bill addresses lifting the 80/20 rule in very narrow circumstances, whereby there's less than 20 beds, a non-profit organization, where the community has come in to serve those people, their dying neighbors, in their community.

We hope that you can see a way to provide that service, because right now what happens in our community -- and I've had several relatives, including my sister, die of cancer in our area -- is if you get into an acute crisis situation, the only option is to pick up the phone, dial 911, get an ambulance, and go to the hospital, which is a much higher rate of reimbursement.

We will succeed in Tupelo, Mississippi. But what we want to address, because we saw this was happening all over the country in rural areas, we want to facilitate other groups who are willing to work as hard as we have for two years to raise the bricks and mortar. It will be at no expense to the government or anyone else. We just hope to be able to include those people who either have no insurance or who are on Medicare and receive

reimbursement directly.

If we should have to contract for that services and go up under those 10 agencies, we would have a nightmare of servicing those terminally ill patients. We will provide the staff, we will have the social worker and all the care they need. Thank you.

MR. HACKBARTH: Thank you very much.

MR. GALLAGHER: Good afternoon. I'm Christopher Gallagher with the American College of Surgeons.

At the beginning of the week, the College joined with the AMA and a large group of organizations representing physicians, nurses, physician assistants, and practice administrators in a letter to express our deep concern about the Commission's recent deliberations over Medicare reimbursement policies for physicians and others who serve as assistants at surgery.

I know the College and these groups are extremely pleased that the Commission has recognized that currently there are not enough compelling reasons to go down the road of bundling payments for assistants at surgery services, be it with the hospital or the surgeon. The bundling approaches that were on the table carried with them a number of disadvantages and potential negative impacts for quality of care, not to mention issues as to how Congress would resolve how payments and allocation of funds for these new approaches would be shifted between Parts A and B of the Medicare program.

Again, the College just wanted to say they're very thankful that the Commission took these considerations into mind since their deliberations in the March meeting. Thank you.

MR. HACKBARTH: Thank you.

MR. McCAMBRIDGE: Peter McCambridge. I just wanted to follow up on some points from the March meetings and from this morning's meetings.

The current educational standards for first assistants is a bachelor's degree. And to say that that's less significant using licensure and certification is just not accurate.

We're not licensed. We're 2,000 people. To think that each state could license that few people is not realistic. That doesn't mean that we're not regulated. So what I'm saying is licensure does not equate into not being regulated. We're regulated by every state and by the Title 18 in the Social Security Act. It's very much regulated.

What the Commissioners did today, by not including us in the list, has cost \$18 million, which I can validate that by each time a physician serves as a first assistant and a surgical first assistant does not work in that function, it just costs the program money and it cost them \$18 million last year.

So I'm very disappointed with this decision, and hopefully Congress will set it straight. That's all.

MR. HACKBARTH: Thank you.

MS. NYE: I'm Janet Nye with the Hospice Association of America. I wanted to thank you for all of the effort that's been put into the study because hospices are in need.

My concern is something that was brought up by one of you. Are you going to change the language that says the Medicare

policy does not affect the access? I understood you were looking at it, but did you say that you were going to change that?

My concern is if Congress gets your recommendation saying that Medicare policy does not affect the short length of stay, they might not take action on trying to change the way the Medicare benefit is reimbursed.

MR. BARSTOW: My name is Scott Barstow and I'm with the American Counseling Association.

While we're understandably disappointed by the Commission's vote earlier this morning, I just wanted to take a moment to address the education issue that was raised regarding licensed clinical professional counselors.

As you may or may not know, the counseling profession had its genesis in the 1950s, and that was mostly in the area of guidance, rehab, and education related services. Beginning in the 1970s the practice of mental health counseling as a separate and distinct clinical specialty within the counseling profession started to develop. But given the profession's history, you have still to this day many master's programs in counseling, including mental health counseling, counseling psychotherapy, that are housed in departments of education within universities. However, you have more and more grad programs housed in departments of health and some are even being established in departments of medicine.

Regardless, across the board, there is a lot of overlap in graduate programs in counseling with coursework that graduates in obtaining an LCSW degree or a degree in marriage and family therapy get. And in a lot of cases, you have students in separate tracks attending the same classes and going through a lot of the same coursework. Thank you.

MR. HACKBARTH: Thank you.